

Application

Utah Department of Corrections Internship Program



Thank you for your interest in the Utah Department of Corrections Internship Program. Please take a moment and complete the following application. It may be completed by hand (print, using black ink) or typed.

Name		Maiden:
SSN:	DOB:	
Street Address:		
City:	State:	Zip Code:
Day Phone Number:		Night Phone Number:

School Program Information

College/University:	Program:
Degree being sought:	Projected Graduation Date:
Requested start date for Internship:	Program Advisor Name:
How did you learn about the UDC's Internship Program?	

Please include the following information with your completed application:

- ◆ Three letters of reference from individuals who can speak to your professional credentials and/or moral character. Be sure they include their addresses and telephone numbers.
- ◆ A short (no more than 2 typed pages) as to why you would like to do an internship with the Utah Department of Corrections. Please include what goals you would like to accomplish during your internship, areas in which you would like to work and your principal interest(s).
- ◆ A signed endorsement from your program advisor (see below).
- ◆ Include a copy of your driver's license and social security card.
- ◆ Completed, signed, and notarized Release of Information form.

Program Advisor Endorsement:

This is to endorse _____ for the Utah Department of Corrections Internship Program. This student meets or exceeds all scholastic requirements established by our program, and is eligible for participation.

Advisor Name (Print)

Telephone Number

Program Advisor Signature

Date

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that this application and any additional documentation contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, I will be disqualified from further consideration or, if employed by a State agency, I may be terminated from employment. I further authorize any of my employers or references to give the Utah Department of Corrections Human Resource Bureau any private or confidential information concerning my employment record. If considered for law enforcement positions; or positions involving care, custody, or control of children or vulnerable adults; any safety sensitive position; fiduciary trust; or national security, then I hereby authorize the State of Utah to conduct a thorough background investigation in any and all aspects of activities, convictions and criminal record. I hereby release your organization or any other agency involved in releasing this information from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State statutes. I further authorize the Utah Department of Corrections to perform a criminal records check on any and all known databases. I acknowledge that I may be required to undergo drug testing as a condition of employment for safety sensitive positions. I understand that all state employees are subject to drug or alcohol testing at any time based on reasonable suspicion.

SIGNATURE _____ DATE _____

EQUAL EMPLOYMENT INFORMATION

It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act.

Please return this application packet and all attachments to:

Internship Program Coordinator
Bureau of Human Resource Management
Utah Department of Corrections
14717 South Minuteman Drive
Draper, Utah 84020-5926
Office: (801) 545-5926 - Fax: (801) 545-5933

**UTAH DEPARTMENT OF CORRECTIONS
AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with the Utah Department of Corrections, I am required to furnish information for use in investigation of my background. In this connection, I authorize release of any and all information that you have concerning me, including information of a confidential or privileged nature, and all personnel files. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested by the bearer of this document.

I also release the Utah Department of Corrections and any of its employees acting in an official capacity from any liability and/or damage which may result from furnishing the information requested by the bearer of this document.

Signed

Date

Print Name

Social Security Number

STATE OF UTAH

County of _____

On this _____ day of _____, 20____, personally
appeared _____, who being first duly
sworn, known to me to be the person whose name is subscribed to the foregoing Authorization to Release
Information, and acknowledged the same to be his/her own free act and deed.

S

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A

L

Notary Public, Residing in

_____ County

Revised 1/5/00

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